# Questions from the *DHS.AdultMHFunding* Mailbox - 8/25/11

## Subject Areas:



### General Questions

**Question:** What date did the rule go into effect?

> **Response:** Amendments to the rule for outpatient mental health services covered under Medical Assistance and MinnesotaCare have been adopted with an effective date of June 28, 2011. These changes at parts 9505.0370 to 9505.0372 update program coverage standards and incorporate changes in practice standards.

**Question**: Where can I find the actual new rule text?

> **Response**: We have it posted on our Outpatient Rule webpage.

**Question**: Is the minimum group size now 3 instead of 4?

> **Response**: Yes, for group psychotherapy.

**Question**: Can a mental health practitioner (who does not qualify as a clinical trainee) provide psychotherapy services?

> **Response**: No. Individual, Group, and Family psychotherapy must be provided by a mental health professional or a clinical trainee receiving supervised practice as outlined in the rule.

**Question**: Will we be able to bill for a client who has regular commercial insurance?

> **Response**: The outpatient mental health services rule is for medical assistance payment policy. If the client has both MA and another insurance, you need to follow the instructions in the MCHP Provider Manual regarding third party payment: see Third Party Liability (TPL). You will need to follow the rule of the commercial insurer.

**Question**: Will there be a period of time for agencies to prepare their documents, electronic health records, train staff, etc.?

**Response**: DHS has offered provider awareness on these and other changes through a number of venues since March, 2011. Providers must be able to implement the rule on the effective date. There is no additional time allowance for preparation activities.

Providers prepare for the following changes:

- For agencies with mental health practitioners who work as clinical trainees, the clinical supervisor must meet the qualifications of a clinical supervisor and complete the supplemental enrollment form so that providers will receive proper reimbursement for the services provided by clinical trainee
- For providers who conduct diagnostic assessments, be aware of the qualification requirements for mental health professionals and clinical trainees under clinical supervision
- For providers who conduct diagnostic assessments, ensure a comprehensive understanding of the four types of diagnostic assessments and an awareness of the billing requirements and rate structure for the diagnostic assessments

**Question**: Where can I find the new rate information?

**Response**: The Fee for Service rates can be found on the Outpatient Rule webpage and in this document.

**Question**: Will there be more training opportunities on the rule?

**Response**: DHS offers a webinar to cover basic information on the rule and will provide further training opportunities throughout the state. Please check Outpatient Rule page for further information.

### Clinical Supervision

**Question**: Is there a "grandfathering" protocol for those of us who have been providing supervision under the old rule?

**Response**: There is no established protocol for grandfathering in mental health professionals providing clinical supervision under the old rule. Mental health professionals who provide or want to provide clinical supervision should contact their respective boards to find out what the requirements are in their particular discipline. Under MA fee-for-service the mental health professional needs to meet the criteria as established in 9505.0371, subpart 5, item D.

**Question**: How many hours of supervision are required for a set number of face-to-face hours for supervisee?

**Response**: The clinical supervisor and supervisee determine the number of hours and modalities that particular supervisee needs during the supervision plan process. There is no minimum or maximum standard established in rule.

**Question**: This question relates to the definition of "onsite supervision." Would the example below meet the rule's definition of onsite? In this case XYZ provider has an intern in their substance abuse treatment program and wants to conduct a DA as well as co-facilitate groups and bill Medicaid. The qualified supervisor is physically housed two blocks away in a rule 29 program. As far as co-occurring treatment is concerned, placing someone with mental health competence in the substance abuse program is best practice. We would like to have her supervised by our outpatient mental health staff from this office but who work out of another building.

> **Response**: When supervision occurs between the supervisor and the supervisee it needs to take place either face-to-face or via tele-video. The supervisor needs to be an employee of the agency or contracted with the agency in which the supervisee is working. The supervisor does not need to office in the same location as the supervisee. All billing for services delivered by the clinical trainee will be under the license of the qualified supervisor. The clinical supervisor should provide at least a portion of the supervision on the site where the services are delivered. A supervision plan is required and would need to designate who the supervisor(s) is and how that supervisor will observe the delivery of diagnostic assessment and psychotherapy services.

**Question:** How do I obtain a copy of the clinical supervisor's form that needs to be completed before supervising clinical trainees?

> **Answer:** the form may be accessed from the DHS eDocs page: http://www.dhs.state.mn.us/main/ id_000100. In the Search area enter "DHS-6330" which will bring up MHCP Qualified Mental Health Professional Clinical Supervision Assurance Statement form.

**Question**: I sent in my clinical supervisor assurance statement form, how do I know I'm approved?

> **Answer**: Contact the provider call center at 651.431.2700 or 1.800.366.5411 to see if enrollment process is complete.

### *Clinical Supervision: Clinical Trainees*

**Question**: Do the criteria put forward in the new rule apply to any supervisee giving direct services or does it apply to mental health practitioners specifically? That is does it also apply to individuals from an internship programs seeing clients as part of the graduate work in LMFT and LICSW programs?

> **Response**: All mental health practitioners providing services covered under the rule must be under the clinical supervision of a mental health professional who meets the criteria in 9505.0371, subpart 5, item D. That supervisor applies the clinical supervision requirements from 9505.0371, Subpart 4 to the clinical supervision process for all mental health practitioners. Mental health practitioners fit into two groups: those who are clinical trainees as defined in 9505.0371, subpart 5, item C and those who are not. Clinical trainees are allowed to conduct diagnostic assessments, explanation of findings and psychotherapy under the clinical supervision of a qualified clinical supervisor. The clinical supervisor must follow the additional supervision requirements in 9505.0371, subpart 5, item C, sub-item 2. The work done by clinical trainees may be billed under the clinical supervisor's NPI.

**Question:** Who is considered a clinical trainee through this rule?

**Response:** The rule now considers mental health practitioners working as clinical trainees. A mental health practitioner must have training to work with the population (child or adult) they are delivering services to and must be qualified in at least one of the following ways. The practitioner must:

- hold a master's or other graduate degree in one of the mental health professional disciplines (as defined in Minnesota Rule, part 9505.0371, subp. 5, item A)
- be a student in one of the mental health professional disciplines (as defined in Minnesota Rule, part 9505.0371, subp. 5, item A) and be formally assigned by an accredited college or university to an agency or facility for clinical training.

**Question**: What does it mean to be formally assigned by an accredited college or university to an agency or facility for clinical training?

**Response**: The internship must be a bona-fide clinical placement by the school.

**Question**: Our director of finance looked up the modifier to allow trainee's to bill at the supervisor's rate. He said that the rate is still at 50% of rate. Help clarify.

**Response**: The reduced reimbursement rate was at 50% for certain mental health practitioners authorized to perform outpatient services. The new rule eliminates the reduced rate. Mental health professionals who are doing clinical supervision for clinical trainees must complete form number DHS-6330 (Qualified Mental Health Professional Clinical Supervision Assurance Statement). By completing this form and becoming enrolled with a specialty provider code (QS ) the MMIS is able to identify professionals providing clinical supervision. And when the HN modifier is added to the claims for services (diagnostic assessment, psychotherapy, and explanation of findings) provided by clinical trainees, the system reimburses the provider at the professional rate or submitted charge, whichever is less. This reimbursement methodology is effective on the date of the rule implementation.

**Question**: As a billing specialist for CTSS services, my question is regarding procedure codes. Can clinical trainee bill professional codes for CTSS services? For example, in addition to the psychotherapy code 90806 and the UA modifier, we would add the HN modifier to signify the supervisor.

**Response**: Yes. When billing for CTSS the psychotherapy code on the claim line needs to include all appropriate modifiers for CTSS and HN if the service is delivered by a mental health practitioner who qualifies as a clinical trainee under Minnesota Rule 9505.0371, Subp. 5, item C.

**Question:** With regard to supervision, do the criteria as has been put forward in the new rule apply to any supervisee giving direct services or does it apply to Mental Health Practitioners specifically?

That is does it also apply to individuals from an internship program seeing clients as part of the graduate work in LMFT and LICSW programs? It would appear often that these individuals do not meet the precise criteria of a Mental Health Professional. In general I believe they are able to bill under the supervisor's License.

> **Response:** Mental health practitioners must be under the clinical supervision of a mental health professional who meets the criteria in Minnesota Rule 9505.0371, subpart 5, item D. That clinical supervisor applies the clinical supervision requirements from Minnesota Rule 9505.0371, Subpart 4 to the clinical supervision process for all mental health practitioners. Mental health practitioners fit into two groups: those who are clinical trainees as defined in Minnesota Rule 9505.0371, subpart 5, item C and those who are not. Clinical trainees under Minnesota Rule 9505.0371, subpart 5, item C are allowed to conduct diagnostic assessment, explanation of findings and psychotherapy under the clinical supervision of a qualified clinical supervisor. The clinical supervisor must follow the additional supervision requirements in Minnesota Rule 9505.0371, subpart 5, item C, clause 2. The work done by the clinical trainee may be billed under the clinical supervisor's NPI.

**Question:** Can the clinical supervisor hold a license in a different discipline than the clinical trainee?

> **Response:** For the purposes of MHCP billing, yes.

## Diagnostic Assessment

**Question:** Can you bill for time writing the diagnostic assessment report or only time when the client is present?

> **Response**: Diagnostic Assessments are billed per session code and not a timed unit. MHCP is paying for the written diagnostic assessment that meets the rule requirements.

**Question**: If we accept a DA on a child from an outside agency, can we use an updated DA for documentation of the first session?

> **Response**: An annual diagnostic assessment is required for a child. The department will not reimburse an agency for an update on a child client.

**Question**: Is there any change to the limit of two DA's a year without prior authorization?

> **Response**: The rule does not specify limits to diagnostic assessment. However, there is no change to the established policy standard of two diagnostic assessments per year per recipient without an authorization. The maximum number of diagnostic assessments in a year for a recipient is four.

**Question**: If a clinician starts doing a standard DA and realizes that they are going to need much more information and thus more sessions to gather information can they then just bill for an extended DA.

> **Response**: Yes. Bill for the appropriate type of diagnostic assessment only after it is complete.

**Question**: Can a clinician bill for an extended diagnostic assessment if the person fails to show for the third session?

> **Response**: If there is enough information to complete a standard or brief diagnostic assessment, the provider can bill for the appropriate type of DA.

**Question**: I was reviewing the proposed rates for the DA's and am wondering if the amount listed for the trainee would be 80% of that amount if they are a Master's level, or would the new proposed rates be the same for trainee and Mental Health Professional?

> **Response:** The payment rate for diagnostic assessment would be the same for the mental health professional and the clinical trainee they are clinically supervising.

**Question**: Is there a particular format /template that we have to use to comply with the rule? Can we create our own template? Does it have to be in a narrative format? Does the print screen for the CASII/SDQ need to be cut and pasted into the DA document?

> **Response**: There is no mandated template to be used. Agencies may create their own template that comply with the rule. Check boxes could be used to capture some of the information but diagnostic assessments should include narrative that explains what was identified in the check boxes and their relevance to current clinical presentation. Children's Mental Health has a template that comes in 2 parts: a parent form and a clinician form. The MN-ITS print screen for the CASII/SDQ does not need to be cut and pasted into the document but the results of the CASII/SDQ need to be addressed.

**Question**: Can you submit a claim for a diagnostic assessment session with information solely obtained during a previously billed individual outpatient psychotherapy session?

> **Response**: No. A diagnostic assessment is a separate event from outpatient psychotherapy.

**Question**: How does an agency add themselves to DHS's user agreement for the GAIN-SS?

> **Response**: All enrolled MHCP providers are a part of DHS's user agreement.

**Question**: How do I find out how many diagnostic assessments have been completed for a particular client in the past year? Can I learn who has provided the previous assessments?

> **Response**: Information regarding diagnostic assessment history can be found though MN-ITS. The provider can learn how many diagnostic assessments were done previously, however, information on who conducted the report needs to be gathered from the client.

**Question**: How do I bill for psychological testing when it is separate and when it is tied to a diagnostic assessment?

> **Response**: if the client is only referred for psychological testing, conduct and bill for testing as appropriate. When a diagnostic assessment and psychological testing are conducted as discreet events the provider may bill for both. However, if there is no distinguishable difference and the testing is conducted concurrent with the other components of a

diagnostic assessment, only bill for the diagnostic assessment. When a client requests psychotherapy following the completion of psychological testing and there is no diagnostic assessment, then schedule the DA appointment. One psychotherapy session may be conducted prior to the completion of the DA report.

**Question**: When a brief diagnostic assessment is completed, there are 10 sessions authorized; can I do 10 psychotherapy sessions and the psychiatrist provide 10 medication management sessions?

**Response**: the brief diagnostic assessment authorizes 10 sessions per recipient—both psychotherapy and medication management are a part of the cumulative total.

**Question**: Can a diagnostic assessment that finds a determination of just V-Codes (and not a mental health disorder) authorize additional mental health services?

**Response**: No. All mental health services require a mental health diagnosis for payment.

**Question**: If I complete a brief diagnostic assessment, provide on going psychotherapy services, when do I need to complete another diagnostic?

**Response**: A brief diagnostic assessment allows for up to 10 psychotherapy sessions, in order to authorize more services a standard or extended diagnostic assessment must be conducted (including face-to-face interview appointments).